



Texas Department of Health
Revised Targeted Case Management/High Risk Pregnant
Women & High Risk Infants (TCM/PWI) Application

Provider Identification
Section 1

Provider Name:

Address:

City:

County:

Zip:

Phone Number:

Fax Number:

TDH Region:

Case Management Director/Coordinator & Title:

Describe your agency and the current services provided:

~ Approved provider of THSteps Medical Case Management

List all the counties in which you propose to provide case management services:

Funding Type:

Public Provider _____

Private Provider _____

*FQHC _____

TEA _____

*(Federally Qualified Health Centers)

(Public Providers are those that are owned or operated by state, county, city, or other local government agency or instrumentality. All other entities are considered to be private providers.)

Service Provision & Coordination
Section 2

If your PWI client needs assistance with any of the following issues, where would you refer them in the communities (counties) you are applying to serve? Please include the name, address, telephone number, and a contact person. Each community (county) needs to be addressed individually. Indicate in the appropriate column if you currently provide this service or make referrals and for what length of time. *Letters of support are required from primary, preventive and tertiary referral sources and are indicated with an asterisk.

For Example:

If the client needs emergency shelter

Name: Safe Place
Address: 100 Main Street
Timbuktu, Texas
Phone: 512-333-4444
Contact: Mary Poppins

Section 2 (cont.)
County of _____

*Prenatal/ Family Planning Services	<hr/> <hr/> <hr/>	<p style="text-align: center;">~ P ~ R</p> <p>How long: _____</p>
Education-Related Services	<hr/> <hr/> <hr/>	<p style="text-align: center;">~ P ~ R</p> <p>How long: _____</p>

<p>CSHCN/ CIDC Contractor with TDH</p>	<hr/> <hr/> <hr/> <hr/>	<p>~ P ~ R</p> <p>How long: _____</p>
<p>ECI/ Development Services</p>	<hr/> <hr/> <hr/> <hr/>	<p>~ P ~ R</p> <p>How long: _____</p>
<p>Other, i.e., Social Services, Dental, Battered Women Shelter, TDPRS, MHMR, THSteps MCM</p>	<hr/> <hr/> <hr/> <hr/>	<p>~ P ~ R</p> <p>How long: _____</p>
<p>Transportation Services</p>	<hr/> <hr/> <hr/> <hr/>	<p>~ P ~ R</p> <p>How long: _____</p>
<p>Texas Health Steps Information and Outreach</p>	<hr/> <hr/> <hr/> <hr/>	<p>~ P ~ R</p> <p>How long: _____</p>

<p>WIC</p>	<hr/> <hr/>	<p>~ P ~ R</p> <p>How long: _____</p>
<p>Rehabilitative Services</p>	<hr/> <hr/> <hr/>	<p>~ P ~ R</p> <p>How long: _____</p>
<p>*Preventive Child Health Care/ Primary Care</p>	<hr/> <hr/>	<p>~ P ~ R</p> <p>How long: _____</p>
<p>Community-Based Services/ Local Health Department</p>	<hr/> <hr/>	<p>~ P ~ R</p> <p>How long: _____</p>
<p>*Tertiary Center/ Inpatient Care</p>	<hr/> <hr/> <hr/>	<p>~ P ~ R</p> <p>How long: _____</p>
<p>TDH Regional Office</p>	<hr/> <hr/>	<p>~ P ~ R</p> <p>How long: _____</p>

Implementing the Final Rules for TCM/PWI

Section 3

***Please read the Targeted Case Management (TCM/PWI) rules and instructions carefully before completing this section. The Texas Medicaid Provider Procedures Manual will be helpful in defining implementation expectations. Please describe, as specifically as possible, beside the number to each statement below. (Add additional pages as necessary)**

- (1) How will you inform and educate professionals (physicians, TDPRS, schools, etc.) and lay community members (churches, civic organizations, volunteers, etc.) to make referrals into your program?
- (2) Describe the process of referrals into your agency, the method your agency will use to actively recruit clients, and the process your agency will use to identify and provide intake to eligible TCM/PWI clients.
- (3) Describe how clients will receive services in your agency for intake, comprehensive assessment and service plan development, monitoring and reassessment.
 - C Describe the schedule of visits.
 - C Describe where your agency plans to provide the visits - clinic, home visits, other - and how many will occur for intake, comprehensive assessment and service plan development, monitoring and reassessment. Be specific regarding plans for making home visits.
 - C Describe how your agency will define maximum capacity of clients.
 - S Describe how referrals to other agencies will occur when the agency is at maximum capacity.
 - S Designate the position responsible for reporting maximum capacity reached to Regional TDH staff and your plans for prioritizing clients to be served in the future.
- (4) Describe the process your agency will use to:
 - C Identify the designated case manager for/with each client;
 - C The role of the Community Service Aide/Outreach worker with clients if this will be a position in your agency;
 - C What position will supervise the case manager?
 - C What position will supervise the CSA/Outreach worker? How often?
- (5) What specific credentials will a case manager in your agency be expected to meet and maintain?
- (6) Describe the referral process your agency will use:
 - C To assure continuity of services with other case management providers, i.e., ECI, THS Outreach and Informing, THSteps Medical Case Management, etc..
 - C To refer clients to other agencies or organizations.
 - C To terminate services or transfer case management services, i.e, THSteps Medical Case Management and/or THS Outreach and Informing, etc.

Coalitions

Section 4

*If your agency is an approved THSteps MCM program, please send copies of the attendance sheets from your participation in the coalition/networking meeting.

If THSteps Medical Case Management approved agency when completing this PWI application, please answer Questions 1, 2, 4 and 5 only.

- (1) Describe any coalition(s) or networking meetings that currently exist between providers of case management services in counties in which you serve or will serve.
- (2) Describe your agency's role in the coalition/meeting. What position will represent your agency in the Regional Coalition?*
- (3) Describe how your agency's services will be coordinated with TDH Regional staff.
- (4) If your area has Medicaid Managed Care, please describe how your agency will coordinate referrals with that organization. Remember, PWI clients are eligible for PWI case management from a provider of their choice even if enrolled in Medicaid Managed Care, i.e., STAR or STAR Plus.
- (5) Describe your agency's plan for developing a current resource directory and the plan for keeping it updated. How often will updates occur? What position in the agency will these updates be made? If you plan to use published directories, state who or what agency compiled the information.

Transportation

Section 5

(You do not need to complete this section if your agency is a THSteps Medical Case Management approved agency.)

Describe what transportation services are available in your community and how you will enable your clients to obtain transportation. If your agency provides transportation or contracts for that service, describe how clients access your transportation services. A letter from Medicaid transportation services is necessary from all applicants for TCM services. If alternatives exist in your area for transportation, please describe your agency's coordination effort.

Quality Assurance

Section 6

- (1)** The agency should have an overall Quality Assurance plan which integrates the TCM/PWI program within the agency. Describe the TCM/PWI evaluation QA process your agency will use to monitor TCM/PWI services and how TCM/PWI QA will integrate into the overall QA program. (Attach additional pages as necessary, i.e., Sections 7a, 7b, etc.)
- (2)** Describe the internal quality assurance mechanism which ensures that TCM/PWI policies and procedures are appropriately implemented.
- (3)** Describe the evaluation process for TCM/PWI in your agency used to monitor progress toward the objectives set for the fiscal year.
- (4)** Include these components in the description of your agency's quality assurance plan:
 - a. What position(s) will carry out the QA monitoring activities? What are their professional qualifications?
 - b. Quarterly record review (not less than 10% of charts or, if your program is small, a representative sample).
 - c. Annual direct observation of staff/client interactions by the supervisor.
 - d. Annual client satisfaction surveys, review of these surveys and monitoring activities to implement necessary changes identified by the surveys.
 - e. A description of the outcome indicators initially identified in your community needs assessment, and how they will be tracked on a quarterly basis to monitor the results of your services.
 - f. A description of the annual evaluation process of analyzing outcome indicators. How will the case managers and administrators be informed of and involved in the quality assurance results and the corrective actions to be taken?

Section 7

Document the number of case management staff including case managers, community service aides and any other support staff in the matrix below.

Agency Staff		Number of Hours Per Week in Case Management		
Name of Position	Credentials	PWI	MCM	Other

Indicate the estimated monthly unduplicated number of new admissions and anticipated monthly total caseload for PWI case management services. Remember PWI continues to follow the infant to their first birthday.

New
Pregnant
Women

Total #
Pregnant/
Postpartum
Women

New
Infants

Total #
Infants

Provider Assurances:

If approved as a Medicaid case management provider for high risk pregnant women and/or high risk infants, the applicant certifies that they will:

1. Provide case management services in a manner consistent with the Client Services Standards for Public Health and Community Clinic and Guidelines for Case Management, Maternity, Child Health, and Family Planning.
2. Participate in regional Texas Department of Health coalition meetings on area case management at least two times per year.
3. Participate in cost analysis studies of case management.
4. Comply with all Texas Department of Health reporting requirements.
5. Submit to periodic monitoring and evaluation reviews by TDH.
6. Share individual patient information, within the constraints of confidentiality, with other pertinent health, social and case management providers so that indicated referral and tracking may occur.
7. Utilize registered nurses and licensed social workers, as Medicaid case managers, who meet all of the case manager requirements as detailed in the TDH Medicaid Case Management Rules for High Risk Pregnant Women and High Risk Infants. The applicant further certifies that each case manager, and any position who supervises the case manager, will attend a TDH-approved case management orientation/training program prior to billing for Targeted Case Management. The orientation/training must be completed within 90 days of being approved or of a newly hired case manager and prior to billing for services.
8. Advocate for services to High Risk Pregnant Women and High Risk Infants to the age of one year. The applicant agrees not to engage in activities which create a conflict of interest regarding case management and referrals of clients.
9. With this signature, I verify that I have read the Final Rules for Medicaid Targeted Case Management for High Risk Pregnant Women and High Risk Infants.

Case Management Program Director

Date

Agency Director

Date

This application was developed with input from staff of Region _____

TDH Director of Social Work

Date

☐ Approved

TDH Director of Nursing

Date

☐ Approved

Central Office Reviewer

Date

☐ Approved

☐ Disapproved

Central Office Reviewer

Date

☐ Approved

Division Director _____

Date _____